

Headquarters  
U.S. Army Armor Center and Fort Knox  
Fort Knox, KY 40121-5000  
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USAARMC Reg 385-4

## Safety

### BLOODBORNE PATHOGEN PROGRAM

**Summary.** This regulation provides policy and guidelines concerning the Fort Knox Bloodborne Pathogen Program.

**Applicability.** This regulation applies to all U.S. Army Armor Center (USAARMC) subordinate commands, directorates, staff offices/departments, and tenant commands, this headquarters.

**Suggested Improvements.** The proponent of this regulation is the Armor Branch Safety Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, USAARMC and Fort Knox, ATTN: ATZK-S, Fort Knox, KY 40121-5000.

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1. Purpose. This regulation establishes responsibilities and procedures to eliminate or minimize occupational exposure to blood and bloodborne diseases, i.e., Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

#### 2. References:

a. Title 29 Code of Federal Regulations (CFR) 1910.1030, Occupational Exposure to Bloodborne Pathogens.

b. Title 29 Code of Federal Regulations (CFR) 1960.1, OSHA, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

c. AR 385-10, 23 May 88, Army Safety Program.

d. MEDDAC Memo 40-15, 1 Jun 92, Medical Services Infection Control Program.

3. Policy. This is a mandatory program and all USAARMC personnel must comply with the Bloodborne Pathogen Program as specified herein. The following requirements shall be implemented:

a. Exposure Control Plan - Commanders, directors and chiefs, staff offices/departments having personnel with occupational exposure to bloodborne pathogens or other infectious materials shall establish a written Exposure Control Plan designed to eliminate or minimize personnel exposure. The Exposure Control Plan shall contain at least the following elements:

(1) An exposure determination shall be developed which includes all job classifications in which personnel have occupational exposure to blood, body fluids, or other potentially infectious materials. In addition to the job classifications, list all tasks and procedures that are performed by personnel in which occupational exposure occurs. This exposure determination shall be made without regard to the use of personal protective equipment.

(2) A copy of the Exposure Control Plan shall be accessible to all personnel.

(3) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised personnel positions with occupational exposure.

b. Methods of compliance:

(1) General - Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and work practice controls - Engineering and work practice controls shall be used to eliminate or minimize personnel exposure. When occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(a) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(b) Handwashing facilities shall be provided which are readily accessible to personnel. When provision of handwashing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be used. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(c) Personnel will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d) Personnel will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(e) Specimens of blood and other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, or transport. Infectious materials in containers will be taken to the Logistics Branch at Ireland Army Hospital for disposal.

(f) Equipment which may become contaminated with blood or other potentially infectious materials shall be decontaminated. Decontaminate equipment by using an Environmental Protection Agency (EPA)-approved disinfectant. Read and follow the product instructions found on the container as well as the Material Safety Data Sheet (MSDS).

(3) Personal protective equipment:

(a) Provision - When there is occupational exposure, appropriate personal protective equipment shall be provided at no cost to personnel. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the personnel's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(b) Use - The supervisor shall ensure that personnel use appropriate personal protective equipment.

(c) Accessibility - The supervisor shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to personnel.

(d) Cleaning, Laundering, and Disposal - The supervisor shall ensure that personal protective equipment is cleaned, laundered, and disposed of at no cost to personnel.

(e) Repair and Replacement - The supervisor shall ensure that personal protective equipment is repaired or replaced as needed to maintain its effectiveness, at no cost to personnel.

1. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed before leaving the work area. When personal protective equipment is removed it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.

(f) Gloves - Gloves shall be worn when it can be reasonably anticipated that personnel may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

1. Disposable (single-use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

2. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(g) Masks, Eye Protection, and Face Shields - Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(h) Gowns, Aprons, and Other Protective Body Clothing - Appropriate protective clothing such as, but not limited to, gowns, aprons, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(4) Housekeeping - The supervisor shall ensure that the worksite is maintained in a clean and sanitary condition. The supervisor shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(a) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(b) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift (if the surface may have become contaminated since the last cleaning).

(c) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, i.e., brush and dust pan, tongs, or forceps.

(5) Regulated Waste (Infectious Waste) - Regulated waste shall be placed in containers which are closable.

(a) All infectious waste is bagged at point of generation and placed into sturdy, leakproof containers.

(b) Infectious waste is identified by red/orange bags or biohazard label or sticker.

(c) Containers/bags are closed before removal from generating area to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall meet the regulatory requirements of the first container/bag.

(6) Laundry:

(a) Contaminated laundry shall be handled as little as possible with a minimum of agitation to prevent contamination of the person handling it.

(b) Contaminated laundry shall be bagged or containerized at the location where it was used.

(c) Contaminated laundry shall be placed and transported in labeled, leakproof bags. It may be necessary to double bag to prevent soak-through and/or leakage of fluids to the exterior.

(d) The supervisor shall ensure that personnel who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(e) The supervisor shall ship the contaminated laundry in the biohazard bags to the post laundry. The post laundry utilizes Universal Precautions in the handling of all laundry. Washing the laundry separately in hot water or dry cleaning achieves high-level disinfection.

(7) Labeling Procedures:

(a) Labels shall be fluorescent orange or orange-red, contain the biohazard symbol and the word BIOHAZARD, in a contrasting color, and be attached to each object by string, wire, adhesive, or another method to prevent loss or unintentional removal of the label. Labels will be affixed as close as possible to the container. NOTE: Red bags or red containers may be substituted for labels.

(b) Access to work areas that contain potential "BIOHAZARDS" will be identified and access is by authorized individuals only.

(c) A biohazard bag or container (red/red orange) or biohazard label will be used for infectious waste.

c. Employee Health Components:

(1) Hepatitis B Vaccination. Hepatitis B vaccine will be made available to personnel who have been determined by the Chief, Preventive Medicine Service to be at high risk for occupational exposure to blood or other potentially infectious material (OPIM).

(a) Hepatitis B vaccine is available for personnel in high risk areas. Requests for the vaccine are issued by the Occupational Health Service and administered by the Immunization Clinic, Ireland Army Community Hospital. There will be a charge to the individual's organization for the Hepatitis B series.

(b) Civilian employees who choose not to accept the offer of the Hepatitis B vaccination must sign the mandatory declination statement (Appendix B) per 29 CFR 1910.1030. If an employee initially declines the vaccination but later decides to undergo the vaccination series, the employer must provide the vaccine at that time provided the employee is still occupationally exposed.

(2) Post-Exposure Evaluation and Follow-Up:

(a) Personnel who have had an exposure to blood or OPIM are to seek a medical evaluation immediately. The medical evaluation will be conducted in the Emergency Room, Ireland Army Community Hospital, with a consultation to Occupational Health Service for follow-up. The medical evaluation and follow-up must include at a minimum the following elements:

1. Documentation of exposure route and circumstances surrounding the exposure incident.

2. Identification of the source individual should be determined if feasible and permitted by law. The source individual's HIV and HBV infection status must be determined and documented per laws and regulations related to consent for testing, documentation, and confidentiality.

3. The source individual's laboratory results, as they pertain to exposure, will be made available to the affected individual. The affected individual must be informed of applicable confidentiality laws relative to source individual.

4. Collection of the individual's blood for baseline HBV and HIV serological testing must be done as soon as possible after consent is obtained. If the individual consents to a baseline blood collection but does not give permission at that time for HIV testing, the sample must be stored in a manner that would preserve it for testing within the next 90 days. This 90-day period provides time for the individual to receive counseling and make an informed decision about testing. If within the 90-day period the individual decides to proceed with testing and provides consent, Occupational Health Service would submit the order to conduct the testing as soon as possible.

5. The supervisor must assure that the evaluating health care professional is provided with the following:

a. A copy of the Bloodborne Pathogens Standard.

b. A description of the affected individual's duties as they relate to the occupational exposure.

c. Documentation of route of exposure, circumstances as to how exposure occurred, results of the source individual's blood testing related to the exposure incident, if available, and the affected individual's medical records.

d. The health care provider must provide the "Health Care Professional's Written Opinion" to the supervisor, who in turn must give a copy to the affected individual within 15 working days of the completion of the evaluation.

e. The written opinion is documentation that the affected individual has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Also, documentation confirming if Hepatitis B vaccination was indicated and if the affected individual received the vaccine.

(3) Recordkeeping:

(a) Medical Records. A confidential health record is initiated by the health care professional when an individual receives the Hepatitis B vaccination or is treated following an exposure incident. This record includes:

1. Name and social security number of the individual.

2. A copy of the individual's Hepatitis B vaccination status (including the dates of vaccinations and other data relevant to the individual's ability to receive the vaccine).

3. Testing and examination results and follow-up procedures.

4. A copy of the health care professional's written opinion and information provided by the employer to the health care professional about the exposure incident.

5. Medical records must be maintained for at least the duration of employment plus 30 years.

(b) Training Records. Personnel will submit a DD Form 1556 (Request, Authorization, Agreement, Certification of Training and Reimbursement) to the instructor prior to the start of the training session. Information that must be maintained in these records includes:

1. Dates of the training sessions.



2. Contents or a summary of the training sessions.

3. Names and qualifications of the people conducting the training sessions.

4. Names and job titles of all personnel attending the training sessions.

Training records shall be maintained by the supervisor for 3 years from the date on which the training occurred.

4. Information and Training:

a. All personnel with potential occupational exposure will participate in a training program which will be provided during duty hours. A qualified instructor will provide the necessary training.

b. Training shall be provided as follows:

(1) At the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

(2) Additional training shall be provided when changes such as modification of tasks or procedures or new tasks or procedures affect the individual's occupational exposure.

FOR THE COMMANDER:



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## BLOODBORNE PATHOGEN PROGRAM

The following is an explanation of terms used.

1. "Bloodborne Pathogens" means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
2. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
3. "Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials.
4. "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
5. "Engineering Controls" means controls that isolate or remove the bloodborne pathogens hazard from the workplace.
6. "Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
7. "HBV" means Hepatitis B Virus.
8. "HIV" means Human Immunodeficiency Virus.
9. "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
10. "Other Potentially Infectious Materials" means human body fluids such as semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluids, saliva in dental procedures; any unfixed tissue or organ (other than intact skin) from a human (living or dead).
11. "Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

12. "Personal Protective Equipment" means specialized clothing or equipment worn by an employee for protection against a hazard.

13. "Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid if compressed; and items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling.

14. "Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

15. "Universal Precautions" means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

16. "Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

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## Employee Declination Statement for Hepatitis B Vaccine

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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SIGNATURE

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DATE